

## Office of Criminal Justice Assistance

### TRAINING REQUEST FORM

**1. LEAD AGENCY, PRIMARY CONTACT INFORMATION:**

NAME OF REQUESTOR		TITLE	
AGENCY		PHONE	
ADDRESS		CITY	
STATE		ZIP	
E-MAIL			

**2. LEAD AGENCY, SHERIFF, POLICE CHIEF, DIRECTOR OR EQUIVILENT: If you have an additional contact person please provide that information.**

NAME OF REQUESTOR		TITLE	
AGENCY		PHONE	
ADDRESS		CITY	
STATE		ZIP	
E-MAIL			

**3. CRITICAL NEED: Describe the training needs that you are seeking to address.**

**4. AREA SERVED:**

**A:** Jurisdiction served (check one) :

☐ Regional ☐ Statewide ☐ Regional Multiple disciplines ☐ Statewide Multiple disciplines

**B:** Discipline (check all that will participate)

☐ law enforcement ☐ legal ☐ judicial ☐ correction/detention ☐ courts ☐ probation

☐ other (Describe) \_\_\_\_\_

**C:** List participating agencies & expected # of participants from each agency:

**D:** How many slots available, and how will each agency be contacted?

5. **TRAINER/INSTRUCTOR REQUESTED** (include name/names and qualifications):

6. **ATTACH A COURSE DESCRIPTION** (should include objections, curriculum, and duration)

A: Does this course follow an evidence based model? \_\_\_yes \_\_\_no (if yes what)?

7. **TIMELINE:** What is the proposed time frame for receiving these funds? Provide dates, along with special circumstances (e.g. time constraints due to local agency work/availability schedules, key dates and milestones, etc.):

8. **BUDGET:** Check ONE level and show a breakdown of anticipated costs.

<input type="checkbox"/>	0 to \$2,000 (regional)	<input type="checkbox"/>	\$2,001 to \$5,000 (statewide)	<input type="checkbox"/>	\$5,001 to \$10,000 (statewide & multi-discipline)
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Budget detail:	
Personnel	\$
Trainer (contract/*consultant) *consultants cannot exceed \$450/day	\$
Per Diem (GSA Rates) estimated cost per person	\$
Supplies	\$
Total	\$

Signature of lead agency, Sheriff, Police Chief, Director or equivalent

Date

Please deliver one (1) original completed and signed form to:

The Office of Criminal Justice Assistance  
1535 Old Hot Springs Road, Suite 10  
Carson City, NV 89706

If you have any questions please contact OCJA (775) 687-3700  
Please allow two weeks from the time of submittal for a response.

FOR STAFF USE ONLY	
REQUEST REFERRED TO:	DATE:
REQUEST RETURN DATE:	